CDC Information Council (CIC)
Meeting Minutes
February 28, 2002, 2:30-4:00p.m.
Roybal Campus, Bldg., Room 5126

CDC Information Council met on February 28, 2002, Roybal Campus, Building 16, Room 5126, at 2:30 p.m. Chair of the meeting was John Loonsk. Janet Collins was unable to attend.

Updates: (John Loonsk)
1) The Web Redesign advisory group is soliciting comments on the Web Redesign charge and membership. In an attempt to have broad participation, a request is being extended for recommendations of non-CDC participants. Suggestions should be submitted to Barbara Nichols with a copy to John Loonsk.

   (Claire Broome)
2) The NEDSS change control management process is asking for participation from the CIC. The base system is being piloted in two states. The state partners and CDC are presently providing input for changes and improvement. The document was distributed to the CIC. It includes an update on NEDSS and a power point presentation describing the change control process. People with business program expertise are being asked to openly participate.

3) The next meeting of the CDC Information Council will be on Thursday March 28, 2002 from 3:30p.m. - 5:00p.m at the Roybal Campus in building 16, room 5126.

Agenda Item #1: Plan for IHSIS Compliance Review (David Fleming)
Dr. David Fleming alerted the committee on the need to consider NEDSS compliance, whenever outdated software is replaced. The IHSIS surveillance system in NCHSTP is fairly far along in development for AIDS surveillance and it may not be NEDSS compliant. All CIC members are being asked to get agreement in each CIO that any new surveillance software introduced will be NEDSS compliant. Two draft versions of a Proposed Statement of Work for IHSIS Compliance Review were distributed in the meeting packet.

Comments:
Nabil Issa suggested that this experience be used to define criteria to create an ongoing process for a compliance review.

Denise Koo stated that this is an opportunity to see how clearly people understand the NEDSS standards and how easy it is to follow these standards. She pointed out that a clear set of specifications and implementation information is necessary.

John Loonsk indicated that perhaps, there should be one process to focus on programmatic issues and one on capital investment. He suggested that the group revisit this subject for comments and suggestions.

Tonya Martin requested a broader review and suggested the need for a process to evaluate compatibility.

Gianfranco Pezzino indicated the need for a clear understanding of NEDSS compliance. He commented that it is appropriate that CDC have two levels of compliance, one for CDC developed systems and another for systems developed at the state or local level.

Jeanne Gilliland suggested the possibility of looking at a case oriented system.

Heidi Steele commented on the many levels in the NIP, where some decisions are cleared with other agencies and she felt that they do not always have control over the decisions. She is concerned about only having finite resources to oversee the development. John Loonsk agreed that staff is needed to put together material and help with the process. He also suggested contractors be considered as a possibility. Heidi Steele cautioned that the process needed continuity and institutional knowledge; she would like to see permanent staff not contractors. John Loonsk ended by asking for volunteers to do a review.

Agenda Item #2: Final Report from CIC Emergency Communications Working Group (Claire Broome)
Claire Broome reported on the status of the Emergency Communications Systems Report for review by the CIC. Both the charge and report were distributed to the CIC members. The CIC working group was charged to conduct a detailed review of the emergency communications functions needed by CDC and partners. They looked at the way these functions are addressed by each project and how they interrelate, leading to recommendations for coordinating and integrating the projects. The group met four times and gathered information from state and local partners about issues related to emergency communications relative to the September 11 attack. The first meetings consisted of information gathering and summarization of issues. Everyone agreed on the importance of having emergency communication systems. The working group first identified issues, which were incorporated into detailed matrix. This information was used to identify different standards and systems. It was a means for identifying similarities, gaps and inconsistencies. John Teeter analyzed and summarized the data and incorporated it into the report. The work group was asked to prioritize their recommendations to provide the CIC with a feel for what is determined to be the most important and to identify areas in which work is already underway.

The report lists three categories of recommendations:

1) Following industry standards whenever possible to facilitate interoperability of systems.
2) Using standard data attributes and vocabularies to facilitate reliable aggregation and analysis of data.
3) Developing a set of shared standard capabilities that can be used by all programs with common IT support.

It also contains, recommended processes, policies and procedures.

Q. Gianfranco Pezzino asked, " How do we assure ongoing communication to prevent the work of this group from being lost?"

Q. Denise Koo questioned "How do you decide what is urgent?" She also commented on the importance of the need for specific channels if a problem occurs.

Agenda Item #3: Public Health IT Functions and Specifications (John Loonsk)
John Loonsk discussed IT functions and specifications for emergency preparedness and response and general Anthrax response IT challenges. A document was distributed which identifies bioterrorism and public health preparedness functions and describes how these functions should be implemented using identified standards and standards-based specifications to build a coordinated system. He discussed the need, industry standards and technical specifications of the following:

1) Automated Exchange of Data Between Public Health Partners
2) Management of Possible Case and Contact Data
3) Specimen and Lab Result Information Management and Exchange
4) Use of Electronic Clinical Data for Event Detection
5) Manual Data Entry for Event Detection
6) Analysis and Visualization
7) Directories of Public Health and Clinical Personnel
8) Public Health Information Dissemination and Alerting
9) IT Security and Critical Infrastructure Protection

John also described the CDC commitments to supporting these BT functions. CDC systems developed or promoted to support these BT functions:

1) Will be integratable into existing state or local strong authentication and authorization technologies using a single approach.
2) Will use a common methodology for the exchange of data between partner systems (ebXML, SOAP, HTTPS and for some, non-sensitive data –SMTP).

3) Will require only one single directory of public health, clinical and participant personnel (LDAP directory) for any particular jurisdiction.
4) Will support standards based access to major database management systems.
5) Will use the same implementation environment wherever possible and will be sensitive to the multiple operating systems and database management systems that exist on servers at state and local levels.
6) Will use single data and vocabulary standards, wherever possible, to describe the same data elements.
7) The CDC will implement a central directory capacity to provide effective linkage between state and local level directories, a central search capability, and where appropriate, an integration of public health organizational data.

Comments:
David Fleming asked that an agenda item at the March CIC meeting include a return look at BT standards. He requested that members review them as external enterprise standards - not just BT. He asked that they come back with a sense for whether they could approve them as such.

Nabil Issa referenced the Capital Investment Review process. He suggested the need for such a process as well as standards.

Heidi Steele expressed concern that the development or purchase of the expertise needed to support these technologies might place an undue strain on budgetary and personnel resources at some Centers.

Agenda Item #4 CIC Agenda Setting (John Loonsk)
Due to time constraints, this agenda item was postponed until the next meeting. Members were encouraged to submit agenda items and ideas for the process of CIC agenda setting.

Attendees:
Members/Alternates

Andrew Autry (NCBDDD)
Steve Boedigheimer (PHPPO)
Claire Broome (OD)
Kathy Cahill (OD)
David Fleming (OD)
Jeanne Gilliland (NCCDPHP)
John Horan (NCIPC)-phone
Ed Hunter (NCHS)-envision
Nabril Issa (NCEH)

Denise Koo (EPO)
John Loonsk (IRMO)
Tonya Martin (NCHSTP)
Martin Mendelson (NCEH)
Charlie Rothwell (NCHS)-envision
Jim Seligman (OD)
Heidi Steele (NIP)
Jimmy Stephens (NIOSH)

Partners:
Seth Foldy (NACCHO)-phone
Steve Hinrichs (APHL)–envision
Gianfranco Pezzino (CSTE)-envision

Others:
Barbara Nichols (IRMO)
Marile Prosser (IRMO)
John Teeter (IRMO)
Mike Donnelly (OD, IHIS)